FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Est. time per response: 1 hour Approved by OMB 3060-0076

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

Service Workers Craft Workers Executive/Senior Level Officials and Managers Year Report Filed Name and Mailing Address of Respondent SECTION 1 - General Information Operatives Workers Administrative Support Sales Workers SECTION II - Full-Time Employees Laborers and Helpers Professionals First/Mid-Level Officials and Fechnicians PREVIOUS YEAR TOTAL TOTAL /anagers 2018 Thumb Cellular LLC 7585 W Pigeon Rd Pigeon, MI 48755 Categories 1.2 ⇉ 6 ဖ Male 0 ⋗ Hispanic or Latino Female Reporting Period (Ending Date of Pay Period Covered by Report) March 2018 œ 0 White w w O Black or African American 0 Ö Hawaiian or Other Pacific Islander Nalive ш 0 Male Asian 0 Number of Employees
(Report employees in only one category) 4. Number of Full-Time Employees during Selected
Reporting Period (check one):
a. Fewer than 16 (complete Sections I, IV, and V only)
b. 2 16 or more (complete all sections) Indian or Alaska Native American 0 G Race/Ethnicity Two or more Not-Hispanic or Latino races 0 I White 35 30 23 Ç Black or African American 0 Hawaiian or Other Pacific Islander Native 0 ᄌ Female Asian 0 Indian or Alaska Native American ≤ Check here if this 0 address. is a change of Two or mor races z 0 Columns A - N Total 36 ű 0 0 0 0 26 6 0 0 0 0

SECTION III - Part-Time Employees.	/ees.							Number of Employees (Report employees in only one calegory)	ber of Emplo	yees one calegor	2				
Job Categories		Hispanic or					The second secon	***************************************	Not-Hispanic or Latino	ic or Lalino					
		Latino	Т			Ма	Male					Fer	Female		
	Male		Female	White	Black or African American	Native Hawailan or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Nalive Hawaiian or Other Pacific Islander	Asian	Ame Indi Ala Na	American Two or more Indian or races Alaska Native
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Executive/Senior Level Officials and Managers															
First/Mid-Level Officials and 1.2	2														ļ
als	2			:											
Technicians	ω														
Sales Workers	4	•••													
Administrative Support Workers	თ														
Craft Workers	6														
Operatives	7														
Laborers and Helpers 8	. 69														
Service Workers	6														
TOTAL 10	0 0		0	0	0	0	0	0	0		0	0	0	0	
PREVIOUS YEAR TOTAL 11	<u>-</u> \									1					
SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311.	ination C	omplaints	Pursuan	to 47 CFR	22,321, 23,	55, 90.168, 101	1.4, and 101.	311.							
This is to advise the Commission that no comptaints regarding violations of the equal employment provisions of Federat, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report. This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. (Attach a list indicaling parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.	Commission body havior body havior body having Commission in parties in the commission in the commissi	on that no ng compet on that the involved, c	complaint tent jurisdi following date filed, o	s regarding ction in sucl complaints courts or ag	violations of 1 matters dun alteging viola ancies befora	the equal empling the catend ing the catend items of the professions of the ma	loyment prov ar year cover ovisions of ar	risions of Fede red by this repr ny equal empton heard, file nu	ral, state, terri ort. syment opport	toriat, or toca unity statute designation	al slatutes hav have been fil , and current	e been filed a ed against this status or dispo	gainst this s company. osition.		
SECTION V - Certification I certify that to the best of my knowledge, information, and belief, all statements in this report are true and cogrect	wledge, in	formation,	and belief	all stateme	nts in this re	port are true a	nd correct.								
Date Tyr 04/17/2018 N	Typed or Printed Name of Person Signing Neal B Eichler	ited Name Eichle	of Person	Signing			Signature	hal!		2		A A A A A A A A A A A A A A A A A A A	Telephone No. (989) 45	(989) 453-4391	91
Title of Person Signing Controlling Company Vice President	ıv Vic	e Pres	ident		WILLFULLY OF ANY ST	WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1)	EMENTS MA	ADE ON THIS STRUCTION F	FORM ARE F	UNISHABLI .S.C. 312 (A	BY FINE AND/OR	/ FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION AND/OR FORFEITURE (47 U.S.C. 503).	SONMENT (1	8 U.S.C. 10(503).	크